DEC-15-2008 MON 10:09 AM Brick Gentry P.C.	FAX NO. 5152741488 P. 02/	02
NNO SURE BE		
FOR INSTRUCTIONS, SEE BACK OF FORM	FORM STATEMENT	_
This is an initial* Statement of Organization  This is an amended Statement of Organization	Reset Form (Rev. 04/2008) ORGANIZATION	
An initial Segment of Organization must be filed within 10 days of the committee of Desiration incorrections expension at 1750.		
committee and exceeds \$750 in activity for another office what file within 40	ion. A candidate with an open Audited	_
	ight.	
Towa Medical Leadership	Candidate's last name in the name of the committee.)	
IMPORTANT: Indicate type of committee you are reporting for: 2.	Charles and Page (1)	$\dashv$
(6) County Candidate (6) City Candidate (7) School Board or Other P (10) School Board or Other Political Subdivision PAC (11) Local Balk	olitical Subdivision Candidate (8) County PAC (9) City PAC of issue (including committee involved in multiple city/county ballot issues)	
COMMITTEE TREASURER (mandatory for all committees)	COMMITTEE CHAIR (mandatory except for a candidate's committee)	
Malin Adress I	Name Armstrong, M.D.	
City State 1 7 Tip Code 1	250 S. Crescent Dr.	.
Mason City IA 50401 Phone (141) 422-6680	mason city TA SOUDI	.
email mmulkey@mcclinic.com	Phone (641) 422-6850	
INDICATE PURPOSE OF COMMITTEE - Check One Box D. Adve	e-Mail darmstrong@mcClinic.com	4
Comment or description:  All Candidates Enter;  Office Sought:	Advocate against ballot (ssue(s)  County/Local Candidates and Local Ballot Committees Enter:	$\dashv$
Political Party (if applicable)	County: (If active in multiple ballot lesue elections, attach list of counties	
District:	Date of Election:	
Year Standing for Election:  Bank Account Name (must match committee name)	Gandidate name & Address or Parent Entity (PACs, if applicable).	$\dashv$
Towa Medical Leadership PAC	Affiliate, or Sponsor	
Name of Financial Institution/type of Account CARRIAG - NON-	Malting Address ↓ ↓	
Wills Fargo BANK NA Intrest	City ↓ ↓ State ↓ ↓ Zip ↓ ↓	
10 N washington St.	State 4 Zip 4 4	
Mason City TA 50401	Phone ( )	
		ı
<b>3</b>	e-Mail	╛
STATEMENT OF AFFIRMATION: By filing this document the committee affirm	ma the following:	
<ol> <li>The committee and all persons connected with the committee understand that the rules in Chapter 361 of the lowe Administrative Code.</li> </ol>	me the following: they are subject to the laws in lowe Code chapters 65A and 58B and the administrative	
<ol> <li>The committee and all persons connected with the committee understand that the rules in Chapter 361 of the lowe Administrative Code.</li> </ol>	ma the following: they are subject to the laws in lowa Code chapters 65A and 55B and the administrative	
1. The committee and all persons connected with the committee understand that it rules in Chapter 351 of the lows Administrative Code.  2. That Iows Code section 68A-402 and rule 351—4.9 require the filing of disclosure subjects the candidate or chairperson (in the case of committees other than a candimposition of other criminal and civil sanctions.  3. That Iows Code section 68A-405 and rules 351—4.98 through 4.43 require the protectials except for those items exempted by statute or rule. A committee that wis does not intend to cross the \$750 filing threshold shall file the Form DR-SFA form in	they are subject to the laws in lows Code chapters 68A and 68B and the administrative are subject to the laws in lows Code chapters 68A and 68B and the administrative are reports and that the failure to file these reports on or before the required due dates (idate's committee) to the automatic assessment of a civil penalty and the possible placement of the words "paid for by" and the name of the committee on all political these to register a committee name for purposes of using the shorter "paid for by" and in lieu of filing this form.	
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